



Individual & Family Plans
Effective January 1, 2019

CommunityCare HMO

Health coverage for individuals and families

Available from Health Net of California, Inc. (Health Net) through Covered California™

Health Net quality meets HMO affordability






Our CommunityCare plans are HMO plans, which are easy to use and help make health care affordable! They come with the CommunityCare HMO Network – doctors, specialists and other providers you see when you need care.





The CommunityCare HMO Care Key

Know where to go when you need care. This Care Key will help you understand and find the options that come with every CommunityCare HMO plan.

Use ...	When you need ...	For things like ...	Contact info
 Your primary care physician (PCP)	Routine and preventive care, and referrals to specialists	Annual wellness exams, general medical care	Your PCP's name and number are on your Health Net ID card.
 CommunityCare HMO Network providers	Care from specialists and other providers; requires PCP referral ¹	Matters of dermatology, cardiology, orthopedics, psychology, etc. ¹	Log in to your account at www.myhealthnetca.com to find providers in the Health Net CommunityCare HMO individual plan provider network.
 Teladoc telehealth services	Health information, diagnoses and prescriptions by phone, Web or Teladoc mobile app for non-emergency medical situations or when your PCP's office is closed ²	Sinus problems, upper respiratory infections, allergies, bronchitis, pinkeye, etc.	1-800-Teladoc (1-800-835-2362) Set up your account at www.teladoc.com/hn.
 Nurse Advice Line	24/7/365 advice by phone from a registered nurse ²	Urgent health concerns and care for minor injuries and illnesses like fevers and the flu	1-800-893-5597 (TTY: 711)
 Urgent care centers	Same-day treatment for non-emergency illnesses or injuries ²	Minor sprains, earaches, colds, back pain, etc.	Visit www.myhealthnetca.com and click on <i>Find a Doctor</i> to search for locations near you.

¹Self-referrals are allowed for obstetrician and gynecological services, and reproductive and sexual health care services.

²Go immediately to the nearest emergency room or call 911 if you have an emergency.



Remember: Use the CommunityCare HMO Network for all covered services. If you need a specialist, your PCP will refer you to one. There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.

The care you need, the extras you want

CommunityCare HMO comes with valuable extras. They're all designed to help you get the most out of your health coverage.



Discover a network of health care professionals

Having a primary care physician (PCP) is just the beginning. Your doctor is one of many Health Net CommunityCare HMO providers in your region. If you need a specialist, your PCP will refer you to one. Find all of the physicians and facilities that come with this health plan at www.myhealthnetca.com.



Find support for healthy habits

Get on track for good with our one-on-one, over-the-phone coaching sessions. Quit For Life® helps smokers kick the habit. And our health coaches can help you with weight and fitness goals. You can even track your progress online!



Use Active&Fit Direct™

Every CommunityCare HMO health plan comes with Active&Fit Direct¹ – fitness center memberships for less! For just \$25 a month (plus a \$25 enrollment fee and applicable taxes), you can choose from 9,600+ participating centers and YMCAs nationwide. Learn more at www.activeandfitdirect.com/Fitness/HealthNet.



Lean on myStrength

Give your emotional health some TLC. Take care of your whole self with myStrength, a Health Net program devoted to helping you manage depression, anxiety and stress. Learn more at www.mystrength.com/hnwell.

\$50

Get a \$50 gift for investing in your health

Complete a Health Risk Questionnaire (HRQ) in 2019 and share it with your CommunityCare HMO PCP during your annual preventive care exam. Then log in to your online Health Net account and follow the instructions. We'll send you a \$50 gift certificate, valid with hundreds of popular retailers!



¹Members must be 18 or older to participate. There is a 3-month commitment required. The Active&Fit Direct Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). The Active&Fit logo is a trademark of ASH and used with permission.

It's still important to have health coverage

We know you have options when it comes to having health coverage. But investing in health coverage is more than just a good idea. So trust your good sense! Help protect your health and your finances with a Health Net Individual & Family Plan. Our CommunityCare HMO can help give you priceless peace of mind!

Looking for financial assistance?

You might be able to get help paying for some of the costs that go with having this kind of health coverage. There are two types of financial assistance available: premium assistance and cost-sharing reductions. Find out if you qualify by visiting www.CoveredCA.com.

Where to find CommunityCare HMO

Through Covered California, Health Net offers six different types of CommunityCare HMO plans in parts of Southern and Central California. You can enroll in any of our Platinum, Gold or Silver CommunityCare HMO plans if you are in one of the areas listed here. So you can choose the right fit for you, your family and your budget.

¹Partial county – not all ZIP codes available.

Region 14
Kern County¹

Region 15
Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935

Region 16
Los Angeles County: ZIP codes not in Region 15


Region 17
Riverside¹ and San Bernardino¹ counties

Region 18
Orange County

Region 19
San Diego County

3 ways to enroll

When you're ready to sign up for Health Net CommunityCare HMO health coverage, we're here to help make it easy. Choose the method that works best for you!

1 Call the Health Net sales team at 1-877-609-8711. 

2 Go to www.CoveredCA.com. 

3 Visit a broker or a Covered California certified enrollment counselor. 

CommunityCare HMO plans and your share of costs

The amounts shown here are what you would pay for the services you use, depending on the plan you choose. With Gold 80 CommunityCare HMO, for example, your cost for a doctor office visit is \$30.

Reminder! Your share of costs is in addition to the monthly premium you pay for your health coverage.

Benefit	Platinum 90 CommunityCare HMO	Gold 80 CommunityCare HMO	Silver 70 CommunityCare HMO
Deductible For one person / For family	\$0 / \$0	\$0 / \$0	\$2,500 / \$5,000
Out-of-pocket maximum For one person / For family	\$3,350 / \$6,700	\$7,200 / \$14,400	\$7,550 / \$15,100
Doctor office visit	\$15	\$30	\$40 ¹
Teladoc consultation telehealth services²	\$0	\$0	\$0 ¹
Specialist	\$30	\$55	\$80 ¹
Hospital stay	\$250 facility ³ / \$0 physician	\$600 facility ³ / \$0 physician	20% facility / 20% physician ¹
Outpatient surgery	\$100 facility / \$25 physician	\$300 facility / \$40 physician	20% ¹
Urgent care	\$15	\$30	\$40 ¹
Emergency care⁴	\$150 facility / \$0 physician	\$325 facility / \$0 physician	\$350 facility ¹ / \$0 physician ¹
Prescription drugs Tier 1 (most generics and low-cost preferred brands) / Tier 2 (non-preferred generics and preferred brands) / Tier 3 (non-preferred brands only)	\$5 / \$15 / \$25	\$15 / \$55 / \$75	\$15 / \$55 / \$80 Prescription drug calendar year deductible is \$200 per member / \$400 per family

This is a summary only. The CommunityCare HMO disclosure has plan overviews with more details about what services are covered with our CommunityCare HMO plans. The deductible applies unless otherwise noted. Pediatric dental and vision services are covered until the last day of the month in which the child turns 19 years of age.

¹Your medical deductible does not apply to these services.

²Should not replace regular doctor visits. Only telehealth services provided by Teladoc are covered.

³Per day, up to five days.

⁴You do not pay the copayment if you are admitted to the hospital.

CommunityCare HMO Enhanced Silver plans and your share of costs

Some people qualify for extra help paying for the health services they use. Instead of paying \$40 to visit the doctor, the cost could be as low as \$5. The extra help comes with silver-level plans that are called Enhanced Silver. Individuals with an income between 138 percent and 250 percent of the federal poverty level qualify for Enhanced Silver.

Benefit	Silver 94 CommunityCare HMO	Silver 87 CommunityCare HMO	Silver 73 CommunityCare HMO
Deductible For one person / For family	\$75 / \$150	\$650 / \$1,300	\$2,200 / \$4,400
Out-of-pocket maximum For one person / For family	\$1,000 / \$2,000	\$2,600 / \$5,200	\$6,300 / \$12,600
Doctor office visit¹	\$5	\$15 ¹	\$35
Teladoc consultation telehealth services²	\$0 ¹	\$0 ¹	\$0 ¹
Specialist¹	\$8	\$25	\$75
Hospital stay	10% facility / 10% physician ¹	15% facility / 15% physician ¹	20% facility / 20% physician ¹
Outpatient surgery¹	10%	15%	20%
Urgent care¹	\$5	\$15	\$35
Emergency care^{1,3}	\$50 facility / \$0 physician	\$100 facility / \$0 physician	\$350 facility / \$0 physician
Prescription drugs Tier 1 (most generics and low-cost preferred brands) / Tier 2 (non-preferred generics and preferred brands) / Tier 3 (non-preferred brands only)	\$3 / \$10 / \$15	\$5 ⁴ / \$20 / \$35 Prescription drug calendar year deductible is \$50 per member / \$100 per family	\$15 / \$50 / \$75 Prescription drug calendar year deductible is \$175 per member / \$350 per family

This is a summary only. The CommunityCare HMO disclosure has plan overviews with more details about what services are covered with our CommunityCare HMO plans. The deductible applies unless otherwise noted. Pediatric dental and vision services are covered until the last day of the month in which the child turns 19 years of age.

¹Your medical deductible does not apply to these services.

²Should not replace regular doctor visits. Only telehealth services provided by Teladoc are covered.

³You do not pay the copayment if you are admitted to the hospital.

⁴Your prescription drug calendar year deductible does not apply.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)

Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)

Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or

Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: (TTY: 711) 1-800-839-2172. للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: (TTY: 711) 1-888-926-4988 أو المشروعات الصغيرة (TTY: 711) 1-888-926-5133. لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم (TTY: 711) 1-800-522-0088.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆոռնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo

Doo bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádííót'ííł. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídoolta hínízingo t'áá ná ákódoonííł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjí' hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' hólne' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) به شماره: 1-888-926-4988 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-800-839-2172 (TTY:711) یا کسب و کار کوچک 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (TTY:711) تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਆਰੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੇਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมา TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมา TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมา TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมา TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)

Health Net Individual & Family Plans
www.MyHealthNetCA.com
1-877-609-8711 (TTY: 711)

Click the link below to view the CommunityCare HMO plan disclosure
[CommunityCare HMO Disclosure](#)

